



Attorney Docket Number: ZIA-188

COMBINED SUPPLEMENTAL DECLARATION AND
POWER OF ATTORNEY FOR PATENT

As a below inventor, I hereby declare that this supplemental declaration is for a utility patent application.

My residence, post office address and citizenship are as stated below next to my name, I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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the specification of which was filed on September 24, 2003 as application Serial Number 10/669,201 and was amended on December 24, 2003 and November 19, 2004.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.


I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations Sec. 1.56(a).

As a named inventor, I hereby appoint Frederick A. Zoda, Reg. No. 16,075 and John J. Kane, Reg. No. 26,921 of Sperry, Zoda & Kane, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. All correspondence will please be addressed to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of inventor: Michael Paul Ziaylek

Inventor's Signature  _____

Date 1/5/5 Country of Citizenship: USA

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Full name of second joint inventor: Theodore Ziaylek, Jr.

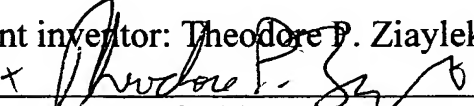
Inventor's Signature  _____

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Full name of third joint inventor: Theodore P. Ziaylek

Inventor's Signature  _____

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